

<p>KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET DEPARTMENT FOR ENVIRONMENTAL PROTECTION DIVISION OF WASTE MANAGEMENT HAZARDOUS WASTE BRANCH 14 Reilly Road Frankfort, KY 40601 502/564-6716</p>	<p>Do not write in this space.</p>
<p><b>HAZARDOUS WASTE GROUNDWATER REPORT FORM</b></p>	
<p>Read instructions for clarification. Please type or print clearly in ink.</p>	

  

<p>1. Name of Facility: _____</p>	
<p>2. Facility's EPA ID Number: _____</p>	
<p>3. Facility Contact Person: _____</p>	
<p>Title: _____</p>	<p>Phone Number: _____</p>
<p>4. Reporting Period: (Check only one)</p>	
<p><input type="checkbox"/> First Quarter                      199 ____</p>	<p><input type="checkbox"/> Semi-annual: First Half                      199 ____</p>
<p><input type="checkbox"/> Second Quarter                      199 ____</p>	<p><input type="checkbox"/> Semi-annual: Second Half                      199 ____</p>
<p><input type="checkbox"/> Third Quarter                      199 ____</p>	<p><input type="checkbox"/> Annual                      199 ____</p>
<p><input type="checkbox"/> Fourth Quarter                      199 ____</p>	<p><input type="checkbox"/> Other, specify: _____</p>
<p>5. Samples Collected By: _____</p>	
<p>Representing: _____</p>	
<p>6. Facility Certification:</p>	
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.</p>	
<p>_____ Name and Title</p>	
<p>_____ Signature</p>	<p>_____ Date</p>

## LABORATORY INFORMATION

7. Name of Laboratory: \_\_\_\_\_
8. KY Drinking Water Certification Number (if applicable) \_\_\_\_\_  
Date of Certification: \_\_\_\_\_
9. Laboratory Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_
10. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
11. Comments:

**Attach DEP-8046 Groundwater Sample Analysis report.**  
**Attach all quality assurance/quality control information that pertains to these results.**